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(City/State/Zip/Phone #)

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14 JUL 10 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

8-1-14

JUL 11 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RUSSELL'S STOCK INVESTMENTS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVE RUSSELL
Name of Person

RUSSELL'S STOCK INVESTMENTS LLC
Firm/Company

14359 MIRAMAR PKWY SUITE 203
Address

MIRAMAR FL 33027
City/State and Zip Code

RUS8350@CMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVE RUSSELL at (786) 417-5394
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee
☒ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EFFECTIVE DATE
8-1-14

Russell's Stock Investments LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
14 JUL 10 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9-27-2004 and assigned
Florida document number 104000670370

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14359 MIRAMAR PKWY
SUITE 203, MIRAMAR FL 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14359 MIRAMAR PKWY
SUITE 203, MIRAMAR FL 33027

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Schefflin Law Group, P.A.

New Registered Office Address:

9900 Stirling Road, Suite #301

Enter Florida street address

Cooper City

City

Florida

33024

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

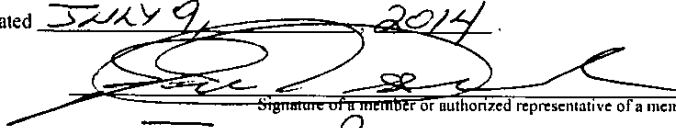
MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KEVIN RUSSELL	14359 MIRAMAR ^{PKWY} PKWY	<input checked="" type="checkbox"/> Add
		SUITE 203 MIRAMAR	<input type="checkbox"/> Remove
		FL. 33027	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: AUGUST 15TH 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 9, 2014


Signature of a member or authorized representative of a member
STEVEN RUSSELL
Typed or printed name of signer